

IDIVIDUAL SEWAGE DISPOSAL SYSTEM APPLICATION

400 Gasper St. ● P.O. Box 130 ● San Luis, CO 81152 Phone: (719) 672-9109 ● Fax: (719) 672-3003

	ISDS Permit (New) \$400.00
Application No:	ISDS Repair/Expand \$225.00
Parcel No:	ISDS State Certified \$400.00
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NOTE: If applicant is not the owner of	f the property, then a copy of a contract for sale or lease
	arized letter from the owner consenting to this application
must be submitted. No Refunds on Deve	
must be submitted. Ito Regulius on Deve	nopment I ermis.
Applicant:	Owner: V N
Address of Proposed Development:	Owner:YN
Sub-division or Area:	
Dhone #:	Eav
Phone #	Fax:
PERMIT REQUIREMENT	
	rtifiedRepairOther
Address:	Lic.#:
Fatimental Coat of Duniants	Telephone:
Estimated Cost of Project:	Size (Gais.):
Estimated Cost of Project: Size (Gals.): Article 5 (A)(3)(b): "ISDS will not be allowed on parcels less than less than 1 acre in size"	
Service Data:Private ResidenceSeasonal UseOther: DescribeCommercialInstitutional	
Is system designed for 2,000 gallons per day or less?Y_N	
Number of Bedrooms: Number of persons:	
Number of Bedrooms Number of pe	NSOIIS Weeken Dicharachen
	ge grinderWasherDishwasher
Source and Type of water Supply:we	ellSpringCisternHolding Tank
Well Permit No:	Well Deptnft.
If Supplied by Community Name of Suppl	ier:
Office Use Only	
Type of soil or soil classification:	onice ose omy
Depth of Bedrock:	ft. Depth of Ground Water Table:ft.
Percent Ground Slone:	0/2 Distance to nearest Community Sewer System:
Type of Individual Sawage Disposal Syst	tem Proposed:SepticAerationVault
Silt Trench Sand Filter Trenches	
Proposed Design of System:	
Is effluent to be discharged into water of the	
Was system designed by a Registered Prof	
If yes, Attach copy of Engineer's Design R	Percolation Test Results
	No. 2 Minutes per inch Hole No. 3 Minutes per inch
Health Inspector Signature:	Date:
If this permit is granted. I understand that I will be responsible for the operation, maintenance and	
Performance of the system.	1 will be responsible for the operation, maintenance and
i criorniance of the system.	
Applicant Signature	Data
Approved:	Date:
Approved:	Date: